

**UTAH STATE DEPARTMENT OF HUMAN SERVICES  
DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH**

**APPLICATION FOR DUI INSTRUCTOR CERTIFICATION**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Employing Agency

\_\_\_\_\_  
Home Address & Zip Code

\_\_\_\_\_  
Business Address & Zip Code

( )

( )

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Agency Phone

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employment Start Date

\_\_\_\_\_  
Program License #

**Title:** \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Education (Highest level completed and Degree(s):**

**Licenses/Certifications:** \_\_\_\_\_

**Second Language:** \_\_\_\_\_

**Next available training will be held November 17-20, 2002 at the:**

**Holiday Inn-Airport  
1659 W North Temple  
Salt Lake City, Utah  
(801) 538-9000**

**Training will be 8:00 a.m. to 5:00 p.m. Breakfast and afternoon break included.  
Any hotel and other meal expenses are on your own.**

I understand that I am bound by Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot disclose records or information without the client's written consent unless otherwise provided for in the regulations (Code of Federal Regulations).

I attest to the best of my knowledge that all information in this application is accurate and complete. I understand I must complete DSA required training and testing in order to be certified/re-certified as a DUI Instructor.

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**Applicant's Signature**

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**Date of Signature**

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This is to certify that I have reviewed the requirements of Instructor certification in accordance with Section R544-4-4 of the Utah Administrative Code and determined he/she is qualified to be trained and tested for DUI certification/re-certification.

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**Employing Agency Director or Designee**

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**Date of Signature**

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**SUBMIT THIS APPLICATION TO:**

**Lynn B. Jones, Program Coordinator  
State Division of Substance Abuse & Mental Health  
120 North 200 West, Room 415  
Salt Lake City, Utah 84103  
Phone: (801) 538-4379  
Fax: (801) 538-4696**